

STATEMENT OF CLAIMANT REQUESTING RECERTIFIED CHECK

Form Approved
OMB No. 0730-0002
Expires Apr 30, 2004

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PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS OF THE AGENCY WHO PROVIDED THIS FORM.

PRIVACY ACT STATEMENT

AUTHORITY: 31 CFR 245.8.

PRINCIPAL PURPOSE: To request a recertified check.

ROUTINE USE(S): Information is used by the Disbursing Office as the basis for issuing a recertified check and for canceling the original. It is also used to verify how original check was lost, stolen, etc., and to establish a proper mailing address. This information may also be used for other lawful purposes, including law enforcement and litigation.

DISCLOSURE: Voluntary; however, if payee does not provide information, a recertified check cannot be issued.

WARNING: Title 18, Sec 287, US Code: "Whoever makes or presents to any person or officer in the civil, military, or naval service of the United States, or to any department or agency thereof, any claim upon or against the United States, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent, shall be imprisoned not more than five years and shall be subject to a fine in the amount provided in this title."

1. PAYEE (Show business name or financial organization, if applicable) 2. SSN (Or employee identification number)

3. CO-PAYEE TO BE CREDITED IF ITEM 1 IS A FINANCIAL ORGANIZATION

4. ADDRESS TO WHICH CHECK WAS MAILED (Include 9-digit ZIP Code) 5. CORRECT MAILING ADDRESS (If different from Item 4)

6. PURPOSE FOR WHICH CHECK WAS ISSUED (X as applicable)

7. DATE DUE
(Approximate)

☐ a. REGULAR PAY ☐ b. TRAVEL PAY ☐ c. VENDOR PAY ☐ d. OTHER (Specify)

8. CHECK WAS: (X as applicable)

☐ a. NOT RECEIVED ☐ b. RECEIVED, BUT WAS: ☐ (1) LOST ☐ (2) STOLEN ☐ (3) DESTROYED ☐ (4) MUTILATED

9. WAS CHECK ENDORSED? (X one)

☐ a. YES ☐ b. NO

CERTIFICATION

I certify that I (we) have in no way benefitted from the proceeds of the above check, and do hereby request a recertified check be issued to me. I further certify that if I recover the original check, I will not negotiate it but will immediately return it to the Disbursing Office. I fully understand that negotiation of both the original and recertified check constitutes a fraudulent act against the United States Government and as such is subject to punishment as provided by law. I further consent to immediate recoupment from future pay and allowances due me if I negotiate both the original and recertified checks, including interest and administrative costs.

10. SIGNATURE OF PAYEE (Or payee representative) 11. DATE 12. SIGNATURE OF CO-PAYEE/THIRD PARTY 13. DATE

FOR DISBURSING OFFICE USE

14. CHECK DATA

a. CHECK NUMBER b. DATE OF CHECK c. CHECK AMOUNT d. ISSUING DSSN e. VOUCHER NUMBER

15. DO REMARKS